

Editors' Introduction

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Public opinion is a linchpin of medical care, and health and health policy. An understanding of public attitudes and beliefs is valuable for developing treatments that patients accept and follow and for investigating risky personal behaviors. It is also deeply implicated in the making of health policy and, of recent relevance, the Patient Protection and Affordable Care Act of 2010 (ACA); with the ACA, public opinion has been treated as a potential political resource, the target of dueling strategies, and a normatively important measure of legitimacy.

Despite the widely acknowledged significance of public opinion, divergent perspectives exist about its role and importance. At the highest levels in government, business, and health organizations, skepticism about the public's actual attention to public affairs and ability to formulate meaningful opinions is commonplace, leading many elites to discount the value of public opinion. Joseph Schumpeter publicly articulated the broader doubts among elites about the knowledge and reliability of the mass public in government policy and other spheres outside their own; he described the mass public as "infantile" and "primitive" in its analysis and operating at a "lower level of mental performance" in which "thinking becomes associative and affective" (262). Besides advancing a dismal view of citizen competence, this standard approach treated public opinion as if it were like a sequestered jury, one whose views are independent of the activities of political elites and therefore can be assessed in the abstract on their own merits.

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A broad and growing body of research has taken issue with this simple and dismissive understanding of public opinion for a number of reasons. First, several decades of studies show that the mass public often reaches reasonable views based on available information by relying on shortcuts such as following the views of credible sources (Page and Shapiro 1992; Popkin 1991). Second, research by social and political psychologists reveals that individuals are heavily influenced by elite messages (Druckman 2011). This research illuminates the individual-level mechanisms for the long-standing finding, famously articulated by V. O. Key (1966), that the “voice of the people is but an *echo*” (214; emphasis in original). This research would suggest, for instance, that the mistaken beliefs of the one-third of Americans who think that Saddam Hussein was personally involved in the 9/11 terrorist attacks owe less to their innate cognitive capacity than to the ways that they were influenced by deliberately misleading elite messages. Such elite manipulation occurs most easily around political matters for which information is secretive or highly technical, equipping officials to limit what citizens understand and then to exploit that vulnerability.¹

Sorting out these divergent perspectives has real-world urgency for mounting campaigns to improve public health, developing feasible medical therapies, and designing new government policy for addressing unmet needs and rising costs. Three significant challenges present themselves. First, contrary to the long-theorized responsiveness to the general public or “median voter” (Downs 1957), government officials are particularly responsive to the better off—the affluent and the organized (Bartels 2008; Jacobs and Shapiro 2000; Jacobs and Page 2005). This raises questions about the normative foundation of American governance and deflates one of the primary criticisms of the mass public—namely, that ordinary people themselves are to blame for poor policy choices because the actions of political elites are driven merely by the elites’ efforts to represent—even to pander to—the public. The second challenge is that much research related to public opinion on medical care, health, and policy tends to be primarily descriptive. Tracking public opinion is of course necessary, but we need to understand more about what explains the patterns and trends of public attitudes and beliefs.

1. The *New York Times*/CBS News survey of September 15–19, 2006, asked the following question: “Do you think Saddam Hussein was personally involved in the September 11th, 2001, terrorist attacks on the World Trade Center and the Pentagon?”; 31 percent responded that Hussein was personally involved, 57 percent indicated that he was not involved, and 12 percent were not sure (*New York Times*/CBS News 2006).

The third challenge, and the focus of this special issue of the *Journal of Health Policy, Politics and Law*, is to analyze how and why public opinion forms and changes. Many of the core challenges related to medical care, health, and health policy rest on assumptions about the evolution of public opinion. For instance, why did public opinion turn more negative toward the ACA? What explains American reactions to public health campaigns? How does the transformation of the mass media influence public attitudes and beliefs?

As the urgency of these questions has arisen within the broad fields related to health, a new generation of research and modes of inquiry drawing on psychology and other fields has emerged, and they make it possible to develop sophisticated analyses of relevance to ongoing research and real-world projects (for review, see Shapiro and Jacobs 2011). This special issue presents new research and showcases pioneering analysis on public opinion that both expands our understanding of health-related fields and identifies new analytic approaches for future research by pioneers across the social sciences—political science, social and political psychology, and public health. The issue combines the common features of *JHPPL*—full research papers and the “Report from the Field”—with a special section, the “Research Forum,” that solicited leading public opinion analysts from across the social sciences to draw on cutting-edge research in order to analyze key topics in health and health care.

The influences and processes that account for the formation and evolution of public opinion comprise the central topic of most contributions to this remarkable special issue. Drawing on social psychology, April Strickland, Charles Taber, and Milton Lodge outline the influential new body of research on “motivated reasoning”—how individuals (especially those who are knowledgeable and care the most about politics) draw on their existing attitudes and beliefs in the information they seek out and the evaluations they make. They suggest that motivated biases influence how individuals assess health policies and the politicians and parties engaged in these debates. According to these authors, the polarization of the public’s evaluation of, for instance, ACA results from the triggering of pre-existing party attitudes and beliefs.

Michael Henderson and Sunshine Hillygus devote more in-depth attention to the public’s partisan polarization on ACA and, along the way, reveal several intriguing wrinkles in the motivated reasoning process. While reporting that reform opponents were able to activate preexisting partisan views, they also show that self-interest among those Republicans who were worried about paying medical bills moderated their views, mak-

ing them less likely than others to switch from supporting to opposing ACA. In addition, Henderson and Hillygus suggest that race became more enmeshed in public attitudes toward reform as the debate evolved.

The public is susceptible to frames that extend beyond partisanship. Mark Schlesinger suggests that Americans' perceptions of economic insecurity had differential and conditional impacts on their attitudes toward health policy and well-being. While the sharp economic downturn that started in 2007 led, in certain respects, to heightened support for reform, it also exacerbated anxieties about paying for it, with the effect of constricting the framing of the ACA and the scope of the political debate over it.

Extending the analysis of framing, Sarah Gollust and Julia Lynch investigate how cues about the causal attributes of individuals' health problems influence attitudes about individual versus societal responsibility for health care. They find that behavioral indicators—such as smoking or poor eating habits—make a significant difference in attitudes. Ascriptive cues about race and class do not appear to have an impact, at least when tested independently in the experimental context. Their study illuminates how levels of support for government-financed health care reform vary and are contingent on the social, economic, and political context.

Public opinion formation has been affected by the transformation of the news media from the era of Walter Cronkite and other dominant network anchors, who created a shared body of facts and information by providing similar reports on major real-world and political developments, to increasingly diverse and often divergent news coverage that caters to partisan audiences on cable stations, talk radio, and countless Internet sites. Matthew Baum examines how the breakdown in the “information commons” has contributed to the public's polarization and, specifically, helped to convert previously nonpartisan issues like public health and mass vaccination into issues that Americans view through a partisan lens. He shows, in particular, that during the H1N1 flu crisis in 2009, the partisan press restricted the public's exposure to information and sources in ways that created or reinforced their existing partisan orientations.

One of the most important developments in public opinion research has been the investigation into how established government policy influences the formation and evolution of mass attitudes. This modifies the long-standing tendency to think of public opinion as an independent force on policy that autonomously sets the “environment” for decision making; new research shows how existing policy itself can structure the political environment, influencing attitudes among the general public and the public's rate and patterns of participation in the political process. Studies have

shown, for example, how seniors' receipt of Social Security and veterans' usage of G.I. Bill benefits elevated their political interest and their rates of voting and other forms of political involvement (Campbell 2003; Mettler 2005; Mettler and Soss 2004). Andrea Campbell's essay in this special issue applies the "policy feedback effects" framework to health and health policy, spotlighting how program design affects policy preferences and the formation of constituencies for new programs, and how it alters existing patterns of political mobilization and participation.

Lawrence Jacobs and Suzanne Mettler synthesize the distinct contributions to the Forum section by integrating what they describe as "situational framing," which focuses on the distinct words used by particular speakers (as illustrated by Strickland, Taber, and Lodge), with the effects of established policy (as Campbell describes). Jacobs and Mettler suggest that "structural framing" accounts for both the potency of particular messages and the routinized communications from established policy.

Our understanding of public opinion depends on survey research as showcased by Mollyann Brodie, Claudia Deane, and Sarah Cho, who draw on the Kaiser Family Foundation's treasure trove of polls to identify significant regional differences in evaluating ACA—a pattern that may well foreshadow resistance to implementation by states in the South and certain Plains states.

Because of the extensive use of polls, they are the subject of intense scrutiny over question wording, sampling technique, and how to adapt to the growing exclusive use of cell phones (especially by younger people). These and other topics have been the ongoing subject of intensive investigation by a large and sophisticated research community. One challenge has been particularly daunting: the systematic underrepresentation of lower economic and social status groups. Adam Berinsky and Michele Margolis's investigation of polling data on ACA makes an important contribution by demonstrating that public opinion understates the views of Americans with lower levels of socioeconomic resources—one of the groups that are more likely to back health care reform.

The purpose of this special issue of *JHPPL* is both to showcase important new research findings and to widen appreciation within the health fields of new frameworks of analysis and modes of research. Our hope is that this volume will encourage cross-fertilization between the fields of medical care, health, and health policy, on one hand, and the vibrant fields of public opinion research on the other. While the fresh research and innovative approaches offer valuable contributions to the health fields, public opinion analysts can usefully benefit from greater engagement with

the daunting realities presented by the politics of health policy and the challenges of health care.

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